



PSA 208 SPEAKS Neighborhood Survey

PURPOSE

The Metropolitan Police Department (MPD) of the District of Columbia, under Chief of Police Cathy L. Lanier, is committed to reducing crime and the fear of crime. As part of the Department's efforts to improve safety, PSA 306 was transferred to the Second District to resolve a workload imbalance between the Second and Third Districts. The new PSA is called PSA 208. The establishment of PSA 208 is intended to improve police communication, and reduce the strain on managerial and structural resources. To help determine the success of the move,

the Department is conducting a PSA-wide survey to identify the effects of transferring PSA 306 to PSA 208, and to identify ways to improve services to all community members. For more information about the move, please see PSA Fact Sheet or visit our website at mpdc.dc.gov

WHO CAN PARTICIPATE?

PSA 208 residents and business owners, commuters and visitors are welcome to participate in the survey.

HOW DO I PARTICIPATE?

Your participation is voluntary.

Online

Download a copy of the survey on the MPDC Website or the Second and Third Police District Listservs. See submission instructions below.

Hard copy

Pick up a copy from the Second or Third District Police Stations. In addition, MPD members will be distributing the survey in public areas in your neighborhood.

SUBMISSION INSTRUCTIONS

Completed surveys can be dropped off in specially marked boxes in the Second and Third Police District stations or mailed in to: Patrol Services and School Security Bureau, Ms. Annie Russell, 801 Shepherd St, NW, 3rd Floor, Washington, DC 20011.

HOW DO I LEARN MORE?

Call Lt. Scott Dignan, Manager of PSA 208, at (202) 730-1904.

IS THE SURVEY CONFIDENTIAL?

Your answers are confidential and will be used only to help the Department measure the impact of recent changes. You are not asked for your name. MPD plans to track its progress over time through additional surveys just like this one.



PLEASE NOTE

As you know, there are several dozen police agencies that serve the District, including the Metro Transit Police, U.S. Capitol Police and U.S. Park Police. However, please keep in mind that the questions in this survey only pertain to the Metropolitan Police Department, which has primary law enforcement authority.

SECTION I. Your Impressions of the Police. For each of the statements below, please indicate with an "X" if you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or don't know and/or feel that this question does not apply to you.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	DON'T KNOW OR N/A
1. Police who serve the neighborhood where I live and/or work listen to my concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The police respond quickly when I call for service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have had a positive interaction with an officer in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The police are respectful and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The police are friendly and approachable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The police and community members in my neighborhood work together to address crime and disorder problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The police work hard to address crime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. MPD-sponsored community meetings I have attended were valuable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall, I have confidence that the police department will protect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Crime in my neighborhood has made me change my personal activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The police act professionally while on duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am aware of and follow crime prevention measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II. Familiarity with the Police and Your Community.

For each statement below, please indicate with an "X" if you agree or disagree, or if you don't know and/or feel that this question does not apply to you. Only apply your answers to the Metropolitan Police Department.

	YES	NO	DON'T KNOW OR N/A
1. I am aware that PSA 306 moved to the Second District and is now PSA 208.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Since September 2007, the police respond quicker when I call for service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Since September 2007, the police have improved the quality of their service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past two months, I have observed officers walking the streets in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have heard of Operation Full Stride.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have received an Operation Full Stride Card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I belong to a Neighborhood Watch/Citizen Patrol group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have attended at least one MPD community meeting during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have attended at least one non-police-sponsored community meeting during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am notified monthly of PSA community meetings that are being held in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have attended a meeting where I actively worked with the police on solving crime and disorder problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am aware of at least one local police event or program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have visited MPD's website at least once in the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have contacted an MPD officer/other sworn member to request information at least once during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am aware that MPD sponsors community online Listservs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have called 911/311 at least once during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have been a victim of a crime in D.C. during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III. Crime and Your Comfort Level.

For each of the areas listed below, please indicate with an "X" how safe you feel in Police Service Area 208. Only apply your answers to your experiences in PSA 208.

VERY SAFE
SOMEWWHAT SAFE
SOMEWWHAT UNSAFE
VERY UNSAFE
DON'T KNOW OR N/A

How safe do you feel ...	VERY SAFE	SOMEWWHAT SAFE	SOMEWWHAT UNSAFE	VERY UNSAFE	DON'T KNOW OR N/A
1. In your home during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In your home at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walking in your neighborhood during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walking in your neighborhood at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In and around where I work during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In and around where I work at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In retail areas during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In retail areas at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In city parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV. Your Crime Priorities. For each of the problem areas listed below, please indicate with an "X" whether it is a big problem, some problem, no problem, or if you don't know and/or feel that this question does not apply to you.

BIG PROBLEM
SOME PROBLEM
NO PROBLEM
DON'T KNOW OR N/A

1. Drug dealing on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drinking in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Public urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Loitering on street corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Shootings on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assaults on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Robberies on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cars being vandalized, broken into or stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burglaries of homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Burglaries of businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Bikes being stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Abandoned houses or other empty buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Abandoned cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Underage drinking and/or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Involvement of young people in other crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Truancy (i.e., children missing school on scheduled school days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR COMMENTS

(OPTIONAL) Use the space below to share your comments or additional thoughts about your experiences with the Metropolitan Police Department, positive or negative, to help us better understand your responses. Is there anything else that could improve safety in PSA 208?

ABOUT YOU

To help us better understand how the results of the survey represent the views of people with different backgrounds throughout the PSA, please take a moment to answer the following questions.

<p>1. I consider myself to be: (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Latino</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>2. What is your sex?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>3. How old are you? _____ years of age</p> <p>4. Please indicate whether you are a:</p> <p><input type="checkbox"/> Resident in D.C.</p> <p><input type="checkbox"/> Business owner in D.C.</p> <p><input type="checkbox"/> Both resident and business owner in D.C.</p> <p><input type="checkbox"/> Worker in D.C. but live in another state</p> <p><input type="checkbox"/> Visitor to D.C.</p> <p>5. If you live or work in the District of Columbia, please provide the block number, zip code, and PSA (e.g., 400 block of Oak Street, NW or 700 block of 157th Street, NW):</p> <p><input type="checkbox"/> Block where I live: _____ Zip Code: _____</p> <p><input type="checkbox"/> Block where I work: _____ Zip Code: _____</p> <p><input type="checkbox"/> PSA where I ... Live: _____ Work: _____</p>
--	--

Thank you for taking part in this survey. We appreciate your input. Please send us your response by November 25, 2007